ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ANNUAL REPORT 1989

MEMBERS OF THE COMMITTEE 1989

John Drobot, M.L.A.
Chairman

Mollie Warring
Vice-Chairman

Charlotte Annable

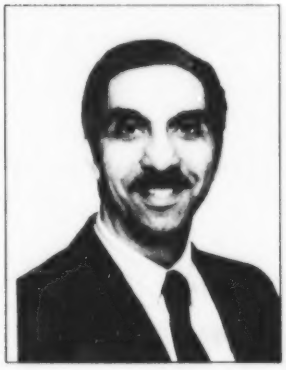
Sam Dymianiw

Marsha Graham

Carol Losie

Eunice Maris

Carolyn Mick



Abe Remtulla

Sheila Stilling

Tom Thurber, M.L.A.

Sheila Torsher

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Executive Assistant:	Amelia Griffin	Edmonton
Secretary:	Margaret Dalton	Edmonton

90-06342//

Alberta

HEALTH FACILITIES REVIEW COMMITTEE

2nd Floor, Pacific Plaza, 10909 Jasper Avenue, Edmonton, Alberta, Canada T5J 3M9 403/427-4924

31 March 1990

The Honourable Nancy Betkowski,
Minister of Health,
Room 323, Legislature Building,
EDMONTON, Alberta.

Dear Mrs. Betkowski:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1989.

Respectfully submitted,

John Drobot, M.L.A.
Chairman

1989
ANNUAL REPORT

of

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

THE HONOURABLE NANCY J. BETKOWSKI
Minister of Health

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MISSION STATEMENT

The mission of the Alberta Health Facilities Review Committee is to ensure that quality care, treatment and standards of accommodation are maintained in health care facilities and lodges across Alberta.

The Committee will provide the people of Alberta with a group of citizens to whom they may address their concerns relating to the care, treatment and standards of accommodation at a health care facility or lodge in the province.

The Health Facilities Review Committee acknowledges the importance of preserving the dignity and confidentiality of those individuals within the facilities the Committee visits.

The resources of the Committee are dedicated to ensuring that these values prevail in the delivery of care across the province of Alberta.

HISTORY OF ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

The Alberta Health Facilities Review Committee is made up of twelve citizens from various centres in the Province. Members are appointed by Ministerial Order for terms ranging from one to three years, and are of varying ages and backgrounds. All members serve on the Committee on a part time basis, and are not employees of the Government.

The Committee has a mandate to visit health care facilities throughout the Province for the purpose of reviewing and inspecting them, and observing the manner in which they are operated. Institutions included are General Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities and Senior Citizens Lodges. Included in the mandate is the responsibility for receiving and investigating complaints about health care facilities.

All health care facilities are visited by Committee members on a regular basis. Visits to institutions are unannounced. They are planned monthly and are authorized by resolution of the Committee.

The visiting team reports on such areas as care, atmosphere, comfort, food, activities and programs, community involvement, patient morale, staff morale and general attitudes, and physical facilities. Members prefer to conduct the visits unaccompanied by staff members of the facility. Particular attention is given to discussions with patients, residents, and staff on a one-to-one basis. The Committee sees its role as that of considering the institution from a patient's or resident's point of view. For example: Does this hospital provide the kind of care I would look for if I were sick? Is this a hospital where I would confidently bring my sick child? Does this nursing home provide the comfort I would wish for my parent? All comments received are brought to the attention of the administration.

Complaints take precedence over routine visits and are investigated as soon as possible. Members authorized to do so by resolution of the Committee, investigate each complaint thoroughly and make a full report. If regulations have been violated or if a complaint on another matter is justified, it is brought to the attention of the administration and the Board of the institution with recommendations for the correction of the problem. The Committee has found Boards and administration responsive to making corrections where necessary, but if the recommendations of the Committee are ignored or not put into effect within a reasonable period of time, the matter is referred to the Minister of Health.

People having concerns are encouraged to discuss them with the nursing supervisor, administrator, trustees or other officials of the facility, then if they are still not satisfied that the problem has been resolved, to write to the Committee.

All complaints are handled confidentially.

ACKNOWLEDGEMENTS

PAST MEMBERS:

After the election, the term of Mr. Alan Hyland, M.L.A., ended. The Committee wishes to express appreciation to Mr. Hyland for his leadership as Chairman.

Mr. Bert Berube resigned during the year, and the Committee thanks him for his valuable contribution.

The term of a long time member, Mrs. Bernice McManus ended. Her dedication, knowledge and expertise will be difficult to replace. The Committee recognizes her valuable contribution to the improvement of health care in the Province.

NEW MEMBERS:

The Committee welcomed the following new members. Mr. John Drobot, M.L.A. was appointed Chairman; Mr. Tom Thurber was appointed as the M.L.A. member; Mrs. Charlotte Annable, Mr. Sam Dymianiw, and Mrs. Eunice Maris were appointed as Committee members.

INTRODUCTION

In executing the Committee's mandate in 1989, the members made routine, unannounced visits to health care facilities and senior citizens' lodges, reviewed and investigated complaints and made recommendations to the Minister of Health, the Minister Responsible for Housing, and to local Boards.

The Committee wishes to acknowledge the co-operation offered to the members on their visits, and express appreciation for the time spent by administration and staff.

Also noteworthy is the work of volunteers in many facilities. The many services they provide are invaluable contributions to the health care system.

DETERMINING FUTURE DIRECTIONS IN HEALTH CARE POLICY

During 1989, a major focus was placed on addressing issues relating to the future of Alberta's health care system. In part, this emphasis was in response to the work of the **Premier's Commission on Future Health Care for Albertans.** The Alberta Health Facilities Review Committee was one of many groups which met with members of the Commission and submitted briefs. A summary of the recommendations made by the Alberta Health Facilities Review Committee to the Commission has been included in this report. They are as follows:

I. Future Directions in Health Care Policy

The advancement of new technologies and treatments in health care has become pervasive. The demands to address the ethical issues which are fostered by continual technological change must be answered as this century draws to a close. Moreover, declining financial resources coupled with an aging population make these issues of paramount importance.

Before the challenges of planning and administering Alberta's Health Care System can be met, comprehensive discussion regarding the future goals and objectives of health care policy should be initiated. The roles of government, health care agencies, and individuals should be examined and clarified.

The range of ethical issues to be confronted through public discussion is not exhaustive and resolution of these issues will not be immediate. The following is intended to serve only as a preliminary list of issues requiring priority consideration.

IT IS RECOMMENDED THAT:

1) Basic health care services be defined.

2) The primary rights and reciprocal duties / responsibilities of patients be outlined.

3) Discussion on biomedical issues be fostered at the local / community level.

4) Formal recognition of living wills be considered.

5) The full range of reproductive issues and future funding be explored.

6) Consideration be given to limiting some health care services as financial and human resources diminish.

7) Measures to deal with individuals who do not aspire to developing healthy lifestyles be explored.

II. Promotion of Wellness and Preventive Health Care

IT IS RECOMMENDED THAT:

1) A comprehensive and province wide program for health promotion and illness prevention with targeted funding be devised for implementation at local health care facilities. Institutional and community based programs for health promotion should interface.

2) A wellness model be developed that will address the physiological, social, environmental, psychological, and spiritual aspects of developing healthy lifestyles.

3) Increased emphasis be placed on individual and / or family responsibilities for health.

4) Interdisciplinary cooperation be recognized as a necessary element in health promotion, and interaction and cooperation among health care providers in the delivery of institutional and community based programs.

5) Public outreach programs at facilities be enhanced to include regular opportunities for the public to visit and review programs offered at acute and long term care centres, e.g. use facilities for regular clinics, teaching programs, and offer tours, open houses, etc.

6) Health facilities be promoted as centres for wellness, not illness, e.g. health complex versus hospitals.

III. Strengthening Health Care Networks

The Health Facilities Review Committee believes that re-evaluating the present boundaries of hospital and public health districts is vital to the future development and management of health care services. Fragmentation of the basic organization of health service jurisdictions is a complicating factor when attempting to coordinate efforts and reduce duplication of services in a given area.

IT IS RECOMMENDED THAT the boundaries of hospital, auxiliary, nursing home, and public health districts be made co-terminus to facilitate local coordination of institutional and community based health care services.

IT IS FURTHER RECOMMENDED THAT the use of incentives be explored to encourage effective and efficient management of health care resources at regional levels.

IV. Coordination of Long Term Care Services

Alberta Health Facilities Review Committee believes that three primary considerations should guide future development of programs targeted at addressing long term care needs.

1) Quality of life indicators dictate that community based care is preferable to institutionally based care.

2) Services must address not only physiological needs but also social, psychological, and spiritual needs.

3) Services for consumers must be flexible to allow for a range of choice among care options and changing individual care requirements.

To address these and other issues in long term care

IT IS RECOMMENDED THAT:

1) Assessment, placement, and funding mechanisms incorporate institutional and community based long term care services and offer flexibility so that adjustments can be made according to the choices and needs of an individual.

2) Community based care options be expanded province wide. Programs should include a variety of forms of respite care and rehabilitative services such as designated respite care beds, adult day hospitals, adult daycare, etc.

3) Facilities be committed to develop formal palliative care programs for patients, residents, and families.

4) Designated units and specialized approaches to care for selected special needs groups (e.g. young adults, Alzheimer's victims) be developed further.

5) The assessment and placement of individuals with mental illness and behavior disorders be evaluated to ensure that those who are not candidates for rehabilitation are not inappropriately placed into the community, or in facilities such as lodges where little or no mental health support service is available.

6) Consideration be given to utilizing emergency assessment and care teams at acute care facilities to avoid social admissions of frail elderly.

7) The future role of senior citizens' lodges be evaluated to determine if services presently offered should be modified or expanded. If changes are necessary, determine what standards and monitoring mechanisms should exist.

8) Evaluate the financial responsibilities of residents / families which are required over and above daily per diem rates. To be considered are extra funds to cover personal purchases by residents and recreational expenses.

9) Minimum curriculum content in gerontological care be considered for all health care disciplines.

V. Rural Versus Urban Health Care Services

IT IS RECOMMENDED THAT:

1) The future role of rural health care facilities be reviewed and the following options be considered:

i) Reconsider complete conversion of some active treatment centres to long term care centres.

ii) Consider modifying the emphasis in some centres from active treatment to long term care with limited acute care service, i.e. main portion of beds designated for long term and a few beds retained for emergency or short term holding (72 hours).

iii) Expand linkages with regional health care centres. (This concept was recommended by the Alberta Nursing Home Review Panel in March, 1982, on page 1 of its report. The recommendation offered was in response to the rehabilitative needs of some rural nursing homes).

"That travelling rehabilitation teams be available to all nursing homes on a frequent and regular basis to:

a) evaluate newly admitted residents;

b) establish necessary programs;

c) train in-house staff in rehabilitative techniques;

d) monitor and adjust programs as necessary."

This concept could be expanded and adjusted to include the creation of travelling medical teams, i.e. surgical services and / or specialty nursing teams. All programs could be based at regional centres and delivered to surrounding rural facilities on an ongoing basis.

2) Specialized curriculum requirements be considered for health care professionals wishing to practise in rural centres.

3) Development of services to provide educational in-service resources to rural areas be continued, e.g. Long Term Care Resource Centres.

VI. Role of the Health Facilities Review Committee in the future of Health Care

The Health Facilities Review Committee currently acts as a patient / resident advocate. It also audits the quality of care in long term care facilities, acute care hospitals and senior citizens' lodges. As long as these facilities are operational it is important that an autonomous body such as the Health Facilities Review Comittee continue its role.

Since 1973 when the Committee was established, it has acted for hundreds of residents / patients, staff, and people who have relatives or friends in these facilities, who could not or would not deal with management to resolve their concerns. Albertans must have access to a body which can look at situations in an unbiased manner.

The Committee also serves another important purpose in an advisory function to the Minister of Health and the Minister Responsible for Senior Citizens' Housing. It advises the Ministers on developing trends and the requirements of Alberta's elderly population both in lodge accommodation and in long term care facilities.

The Committee's function will be even more vital in the future, with the expected increase in the elderly population. At present senior citizens form 8% of the Province's population, and the projection for the year 2030 is 14% to 18%.

BIOMEDICAL WASTE MANAGEMENT

Observations

Many health facilities, particularly in the rural and smaller urban centres, are faced with the proper handling, storage, transportation and final disposal of biomedical wastes. These include microbiological, blood specimens, clinical sharps, dressings, pads, sponges, catheters, containers, gloves, etc. There is a growing concern for the health and safety of workers handling these wastes. Most of the larger urban centres are equipped with approved incinerators which have the capability of adequately disposing of the wastes. Rural and small urban centres do not all have such facilities.

Various government departments, health agencies, professional consulting firms, and health facilities have a wealth of information and expertise on this matter. However, at present there are no appropriate legislative standards or guidelines on the management of biomedical wastes.

Recommendations

Development and enactment of legislation would substantially assist in the proper management of biomedical wastes. Legislation should be supplemented with education, administrative assistance and co-ordination of waste management amongst the generators of wastes.

DID YOU KNOW?

1. Residents frequently tell Alberta Health Facilities Review Committee members that the presence of an Activities Director in a lodge enhances the quality of their lives.

2. Today 8% of Canada's population is over 65 years of age. By the year 2030, 14% - 18% will be over 65 years of age. This fact will have a significant impact on the types of demands placed on our health care system.

3. The pain threshold may change as age advances - things may hurt less.

4. The elderly do not always sense thirst when their bodies require fluids.

5. The sense of taste may grow less acute as age advances.

6. Of those seniors over 75 years of age, 60% have vision or hearing loss.

7. In diagnosing a condition in the elderly, a distinction must be made between changes that are due to the presence of disease and changes which are the normal result of aging.

8. Over prescription of drugs is the number one health problem of todays elderly.

9. Confusion and sleep disturbance in the elderly may be symptoms of depression which are treatable.

10. Alberta has more volunteers per capita than any other Province in Canada. More than half of these volunteers are women.

11. Alberta may be heading for a physician shortage, particularly in the specialty areas.

12. One cause of over prescription of drugs is "doctor shopping". A patient may consult more than one doctor, each of whom may prescribe medications unbeknown to the other doctor.

13. The Canadian Council of Health Facilities Accreditation issues Accreditation Awards to those facilities which meet high standards of excellence. You may see these awards certificates hanging in the public areas of accredited facilities.

14. The average cost per patient day, in an acute care hospital, is $450.

LIVING WILLS

The issues which will challenge our health care system in the 1990's are numerous and complex.

Future capital expenditures, financing of operations, and manpower resources in the health care professions are only a sampling of the challenges facing our system. While the importance of these issues cannot be underrated, a greater challenge exists in resolving the ethical issues in future health care delivery.

Revolutionary advances in medical technology have raised new medical, legal, and ethical questions for individuals, health care workers, and public policy makers. We can now prolong life for indefinite periods and transplant organs that were once thought to be irreplaceable. These matters are not easily resolved, requiring choices which include the use of ordinary versus extraordinary treatment, withholding versus withdrawing treatment, rights to accept or refuse treatment, and ultimately the individual's rights concerning death and dying.

Increasingly, patients /residents and their families are confronted with a variety of health care and treatment alternatives. In many instances, decisions regarding these alternatives must be faced while coping with serious illness or injury. The circumstances may not allow the opportunity for the patient to choose a desired form of treatment due to incapacity, or decisions may be made in haste without the opportunity to reflect on other possible options. In recognizing that choice is a key ingredient to quality of life, the Alberta Health Facilities Review Committee recommends that initiatives be pursued which would enable the use of "advance directives" or living wills.

The Committee acknowledges that formalizing the use of advance directives is one component of ethical and legal questions to be addressed in the future.

For additional information on living wills, contact:

Dying with Dignity
175 St. Clair Avenue West
Toronto, Ontario M4V 1P7

FIRE SAFETY IN HEALTH CARE FACILITIES

Canada has witnessed loss of life in long term care facilities in the past year as a result of fires. Alberta Health Facilities Review Committee believes it is important to underline the necessity of fire safety in health care facilities.

The following is an extract from the manual "Fire Safety in Alberta Health Care Facilities" prepared by Fire Prevention Branch, General Safety Services Division, Department of Labour.

There are five important components to consider when planning for fire safety. These are:

1. Administration:

A planning committee has to be organized which would include members of staff of the facility, members of the response agencies such as fire department, ambulance service etc., and representatives of community groups.

The responsibility of the committee would include:

a. Developing a fire safety plan and establishing training programs for all involved.

b. Overseeing fire safety inspections, practice of fire drills and maintaining records.

c. Ensuring that correct procedures are followed and implemented.

2. Staff Training:

Fire safety training programs should be mandatory.

Methods of training staff:

a. Teaching of the theory of fire safety, understanding the nature of the building and the fire safety equipment available.

b. Practical exercises involving the use of the fire fighting equipment.

c. Involvement and participation in fire drills on a regular basis.

3. Fire Prevention:

Some areas that impact on fire prevention include:

a. Establishing good housekeeping and maintenance standards to avoid fire hazards such as frayed cords, uncontrolled storage of combustible materials, overheating of equipment, etc.

b. Establishing and enforcing of a smoking policy.

c. Familiarizing staff with the basic principles of fire prevention.

4. Fire Evacuation:

a) Training of staff in the evacuation of the area of fire using the well known 'REACT' method:

Removing those in danger
Ensuring that the room is closed
Activating the fire alarm
Calling the Fire Department
Trying to control or extinguish the fire

There are three additional phases of evacuation involving the immediate zone, the floor on which the fire is occuring and the evacuation of the entire building.

5. Fire Suppression:

Saving lives is of prime importance. In some cases, it is possible that, initially, fighting the fire may be more urgent than evacuating the occupants in order to provide safety for the residents. Fire fighting requires specialized training. It is imperative therefore that staff is familiar with the fire fighting equipment, and is fully trained in the use of it.

1989 COMPLAINTS RECEIVED AND INVESTIGATED

Seventy-two complaints were received in 1989, and the nature of the complaints and their status are listed below. The numbers shown under the headings, **Nature** and **Status** differ from the number of complaints received, as a patient / resident may submit a complaint with several components. For example, one complaint might include food, patient care and cold temperatures.

NOTE: It is not always possible to close a complaint file as resolved. Many complaints relate to situations which need to be monitored to make sure recommendations are followed. The Committee continues to follow up complaints where recommendations have been made.

Total Complaints: 72

- **Mental Health Hospitals** (2 complaints)

Nature of Complaints

Food	1
Patient Care	1

Status of Complaints

Resolved	1
Unsubstantiated	1

- **Acute Care Hospitals** (19 complaints)

Nature of Complaints

Patient Care	8
Physical Abuse	3
Mental Abuse	2
Communication	2
Food	2
Records	2
Procedure refused	2
Admission refused	1
Hospital Board	1

Status of Complaints

Resolved	5
Recommendations made	6
Not in mandate	1
Unsubstantiated	2
Withdrawn	6
Held over to 1990	3

- **Auxiliary Hospitals** (4 complaints)

Nature of Complaints

Patient Care	2
Need for segregation	2
Cost of accommodation	1
Records	1

Status of Complaints

Referred to Dept. of Health	1
Held over to 1990	5

- **Nursing Homes** (19 complaints)

Nature of Complaints

Patient Care	9
Food	4
Need for segregation	2
Communications	2
Environment (smoke)	1
Enwironment (temperature)	2
Staffing (number)	2
Theft	1
Fraud	1

Status of Complaints

Resolved	10
Recommendations made	10
Not followed up by Complainant	2
Withdrawn	3
Not in mandate	1

- **Senior Citizens' Lodges** (26 complaints)

Nature of Complaints

Resident Care	2
Resident Morale	1
Food	7
Communication between Management and Staff	1
Communication with Residents	1
Management	7
Staff	8
Medications	2
Physical Abuse by Resident	1
Reduction in Staff	1
Safety	1
Unfair eviction	2
Unfair dismissal	2
Staff Morale	1

Status of Complaints

Resolved	5
Recommendations made	20
Unsubstantiated	6
Under review	4
Not in mandate	2
Withdrawn	1

- **Psychogeriatric Extended Care Centres** (1 complaint)

Nature of Complaint

Staffing levels
Patient care
Management

Status of Complaint

Under review

- **Miscellaneous** (1 complaint)

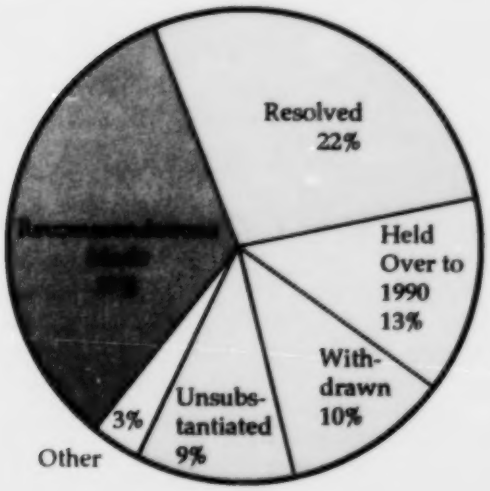
Nature of Complaint

Treatment not covered by Blue Cross.

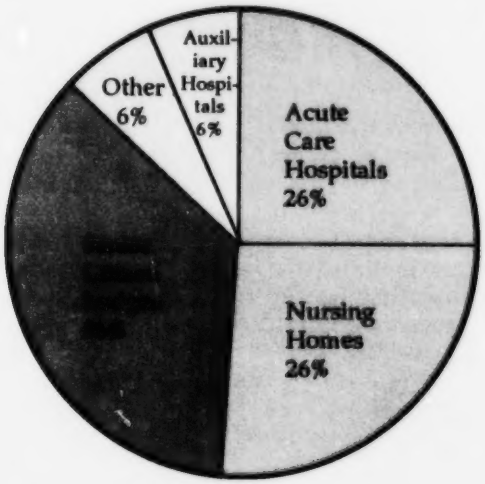
Status of Complaint

Not in mandate.

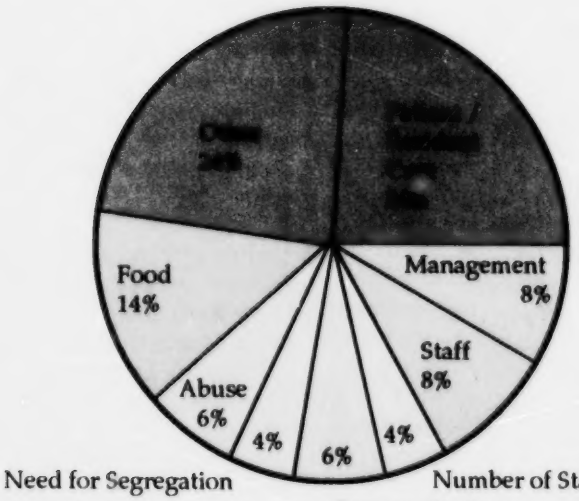
Status of Complaints



Sources of Complaints



Nature of Complaints



CASE HISTORY I

The Committee received a complaint from an M.L.A. The family of a constituent was concerned about the father's care in a long term care facility.

Specific concerns were lack of privacy for the father; the arbitrary transfer of the father to a mental institution for assessment; over-sedation and pills found in father's clothing.

An investigation was conducted by two members of the Committee.

It was learned that the father had aggressive behavior problems and most of his abuse was directed against his wife who shared the room with him.

Staff were aware this abuse was taking place and that was one of the reasons an assessment at a mental institution was ordered. The order, however, was initiated by the father's doctor, and not by personnel at the nursing home as alleged by the family.

The allegation of lack of privacy was addressed. Staff always knocked before they entered the couple's room. However, they did enter frequently as they wished to intervene if aggressive behavior was taking place.

The family members were also aware of the abuse. They accepted the father's behavior as being normal as he had acted that way throughout his life. His wife, although objecting to being hurt, felt it was her marital duty to tolerate her husband's behavior.

Staff at the facility had not been given in-service training on how to cope with residents with aggressive behavior.

Members reviewed medication policies and observed medications being distributed to residents. The father appeared alert at the time of the visit and no sign of over-sedation was evident.

Recommendations

Abuse

1. Immediate separation of parents to different wings of the facility, but allowing them to share the same table during meals. Should the abuse continue, one parent would have to be moved to another facility. The family reluctantly agreed to this arrangement after learning that the facility would no longer tolerate the father's actions and that the family would possibly have to care for him at home.

2. In-service training to be provided to staff on coping with residents with aggressive behavior.

Medication administration

1. The Health Facilities Review Committee was satisfied with the medication policies. The same method of distribution was to be maintained. No fault could be found with the present policies as alleged by the complainants.

Training

Over the past three years the Committee has noted an increase in nursing home residents with aggressive behavior. In many cases staff are untrained in the care of these residents, and there are few vacancies in the psychogeriatric facilities which could accommodate them.

An alternative to placement in mental institutions or psychogeriatric facilities is to provide training for staff of long term care facilities in the techniques of coping with residents with aberrant behavior. Alberta Hospitals in Edmonton and Ponoka provide excellent training programs but have difficulty keeping up with the demand.

The Health Facilities Review Committee recommends that the Department of Health initiate training packages, together with workshops, for staff of long term care facilities, on **Coping with Behavior Problems.**

CASE HISTORY II

The Health Facilities Review Committee was contacted by the Minister of Health regarding the care of a child in a large urban hospital. The parents were concerned over what they perceived to be neglect in a particular nursing procedure. They had taken these concerns to the Administrator and Director of Nursing but did not feel their concerns had been addressed.

On investigation by Committee members it was discovered that a particular procedure was not being followed as outlined in the Procedures Manual; registered nursing staff were not all certified to carry out the procedure; nursing staff were not familiar with the existing policy; no formal channel of communication was in place to enable families of patients to express their views.

It was recommended by the Committee that

1. A program covering the handling of complaint resolution be implemented as soon as possible.

2. Nursing Unit managers ensure that all nursing staff are familiar with the policies and procedures to be followed on their units.

3. In-service training be provided on an ongoing basis.

4. Registered nursing staff to be certified to carry out particular procedures. (Recertification must be done every year for certain procedures).

Following the members' visit, a letter from the facility advised the Committee that the recommendations had been acted on, and that a subsequent meeting with the parents of the patient had a positive outcome.

APPENDIX I

MEETINGS WERE HELD WITH:

Ombudsman's Office
Mr. Brian Carver

Hon. Ray Speaker,
Minister of Municipal Affairs and Responsible for Housing

Premier's Commission on the Future of Health Care for Albertans

Representatives of Lodge Standard's Review Committee (Pilot)

Representatives of the Long Term Care Association

Alberta Council on Aging

APPENDIX II

CONFERENCES AND CONVENTIONS ATTENDED

People & Progress Conference, Edmonton

Rural Hospitals Conference, Red Deer

Learning - Life Enrichment and the Older Adults, Edmonton

Sharing Solutions: Joint Workshop on Mental Health Service Delivery in Northern Alberta, Edmonton

Alberta Hospital Association Convention, Edmonton

Senior Citizens Homes Association Convention, Edmonton

APPENDIX III

Of the following facilities, 64 acute care hospitals, 11 auxilliary hospitals, 41 nursing homes, 77 senior citizens lodges and 1 mental health hospital were visited in 1989. Investigations into complaints are shown separately.

HOSPITALS

ATHABASCA, Athabasca Municipal
BANFF, Mineral Springs
BARRHEAD, Barrhead General
BASHAW, Bashaw General
BASSANO, Bassano General
BEAVERLODGE, Beaverlodge Municipal
BENTLEY, Bentley General
BLACK DIAMOND, Oilfields General
BLAIRMORE, Crowsnest Pass General
BONNYVILLE, Health Centre
BOW ISLAND, Bow Island Health Care Centre
BOYLE, Boyle General
BRETON, Breton General
BROOKS, Brooks Health Centre
CALGARY, Alberta Children's Provincial General
CALGARY, Calgary General
CALGARY, Colonel Belcher
CALGARY, Foothills Provincial General
CALGARY, Holy Cross
CALGARY, Peter Lougheed Hospital
CALGARY, Rockyview General
CALGARY, Salvation Army Grace
CALGARY, Tom Baker Cancer Centre
CAMROSE, St. Mary's
CANMORE, Canmore Municipal
CARDSTON, Cardston Municipal
CASTOR, Our Lady of the Rosary
CEREAL, Cereal Municipal
CLARESHOLM, Claresholm General
COALDALE, Coaldale Community
COLD LAKE, Cold Lake Regional
CONSORT, Consort Municipal
CORONATION, Coronation Municipal
DAYSLAND, Dayland General
DESMARIAS, St. Martin's Health Centre
DEVON, Devon General
DIDSBURY, Mountain View Health Care Centre
DRAYTON VALLEY, Health Care Complex
DRUMHELLER, Drumheller Regional Health Complex
ECKVILLE, Eckville Municipal
EDMONTON, Alberta Hospital
EDMONTON, Charles Camsell
EDMONTON, Edmonton General
EDMONTON, Glenrose Provincial General
EDMONTON, Grey Nuns Hospital
EDMONTON, Misericordia
EDMONTON, Royal Alexandra
EDMONTON, Walter C. MacKenzie
EDMONTON, W.W. Cross Cancer Institute
EDSON, St. John's Health Care Complex
ELKPOINT, Elk Point Municipal
ELNORA, Elnora General
EMPRESS, Empress Municipal
FAIRVIEW, Fairview General
FORT MACLEOD, Health Care Centre
FORT MCMURRAY, Fort McMurray Regional
FORT SASKATCHEWAN, Fort Saskatchewan General
FORT VERMILION, St. Theresa General
FOX CREEK, Fox Creek
GALAHAD, Galahad General
GLENDON, Glendon Municipal
GRAND CACHE, Grande Cache General
GRAND PRAIRIE, Queen Elizabeth II
GRIMSHAW, Grimshaw / Berwyn & District
HANNA, Hanna General
HARDISTY, Hardisty General
HIGH LEVEL, High Level Community Health Centre
HIGH PRAIRIE, High Prairie Regional Health Complex
HIGH RIVER, High River General
HINTON, Hinton General
HYTHE, Hythe Municipal
INNISFAIL, Innisfail Health Care Centre
ISLAY, Islay Municipal
JASPER, Selon General
KILLAM, Killam General
LAC LA BICHE, William Cadzow General Hospital
LACOMBE, Lacombe General
LAMONT, Archer Memorial
LEDUC, Leduc General
LETHBRIDGE, Lehtbridge Regional
LETHBRIDGE, St. Michael's General
MAGRATH, Magrath Municipal

MANNING, Manning Municipal
MANVILLE, Manville Municipal
MAYERTHORPE, Mayorthorpe General
MCLENNAN, Sacred Heart
MEDICINE HAT, Medicine Hat and District (General Centre)
MILK RIVER, Border Counties General
MUNDARE, Mary Immaculate General
MYRNAM, Myrnam Municipal
OLDS, Olds Municipal
OYEN, Big Country General
PEACE RIVER, Peace River Municipal
PICTURE BUTTE, Picture Butte Municipal
PINCHER CREEK, Pincher Creek Health Care Centre
PONOKA, Alberta Hospital
PONOKA, Ponoka General
PROVOST, Provost Municipal (Health Care Centre)
RAYMOND, Raymond Municipal
RED DEER, Red Deer Regional
REDWATER, Thorhild County General
RIMBEY, Rimbey General
ROCKY MOUNTAIN HOUSE, Rocky Mountain House General
SLAVE LAKE, Slave Lake General
SMOKY LAKE, George McDougall Memorial
SPIRIT RIVER, Central Peace General
STETTLER, Stettler General
STONY PLAIN, Stony Plain Municipal
STRATHMORE, Valley General Hospital
ST. ALBERT, Sturgeon General
ST. PAUL, St. Therese General
SUNDRE, Sundre General
SWAN HILLS, General
TABER, Taber Health Care Complex
THREE HILLS, Three Hills Health Care Complex
TOFIELD, Tofield Health Centre
TROCHU, St. Mary's Health Care Centre
TWO HILLS, Two Hills Health Care Centre
VALLEYVIEW, Valleyview Health Centre
VEGREVILLE, St. Joseph's General
VERMILION, Vermilion Health Care Complex
VIKING, Viking General
VILNA, our Lady's General
VULCAN, Vulcan General
WAINWRIGTH, Wainwright & Dist. Health Care Complex
WESTLOCK, Immaculata General
WETASKIWIN, Wetaskiwin General
WHITECOURT, Whitecourt General
WILLINGDON, Mary Immaculate General

AUXILIARY HOSPITALS

ATHABASCA, Athabasca
BARRHEAD, Dr. W.R. Keir Care Centre
BLACK DIAMOND, Oilfields Aux.
BOW ISLAND, Bow Island
BROOKS, Brooks
CALGARY, Bethany
CALGARY, Colonel Belcher
CALGARY, Crossbow
CALGARY, Dr. Vernon Fanning Extended Care
CALGARY, Foothills
CALGARY, Glenmore Park
CALGARY, Sarcee
CAMROSE, Bethany
CANMORE, Auxiliary
CARMANGAY, Little Bow Municipal
CARDSTON, Cardston
CLARESHOLM, Willow Creek - Claresholm
COLD LAKE, Regional
CORONATION, Paintearth
DISBURY, Mountain View Health Care Centre
DRAYTON VALLEY
DRUMHELLER, Regional Health Complex
EDMONTON, Allen Gray
EDMONTON, Dickinsfield Extended Care Centre
EDMONTON, Good Samaritan
EDMONTON, Grandview
EDMONTON, Lynnwood
EDMONTON, Mewburn Veterans Centre
EDMONTON, Millwoods Shepherd's Care Centre
EDMONTON, Norwood
EDMONTON, St. Joseph's
EDMONTON, St. Michael's
EDMONTON, University of Alberta.
(Aberhart Pavilion)
EDMONTON, Youville Geriatric Services
GRAND PRAIRIE, Queen Elizabeth II
HIGH RIVER, High River
INNISFAIL, Innisfail Health Care Centre (Aux.)
ISLAY, Islay
KILLAM, Flagstaff
LAC LA BICHE, Lac La Biche (William Cadzow)
LACOMBE, Lacombe
LAMONT, Archer Memorial
LAMONT, Lamont
LETHBRIDGE, Lehtbridge Regional
(Rehab. Centre)
LLYODMINISTER, Lloydminster Auxiliary
MANNVILLE, Municipal
MEDICINE HAT, Medicine Hat & District
(Dr. McCharles)
MUNDARE, Mundare
OLDS, Auxiliary
OYEN, Big Country
PEACE RIVER, Peace River / Fairview
PINCHER CREEK, Pincher Creek
RADWAY, Radway Health Care Centre
RED DEER, Dr. Richard Parsons
RIMBEY, Rimbey
ROCKY MOUNTIAN HOUSE, Rocky Mountain
House
SMOKY LAKE
STETTLER, Dr. A.E. Kennedy
TABER
THREE HILLS
TOFIELD, Municipal
TROCHU, St. Mary's
TWO HILLS, Health Care Complex
VEGREVILLE, (Minburn - Eagle)
VERMILLION, Health Care Complex
WAINWRIGHT, Wainwright & Distrcit
Health Centre
WESTLOCK, Thorhild - Westlock
WETASKIWIN, Wetaskiwin
WHITELAW, Hotel Dieu de St. Joseph

NURSING HOMES

AIRDRIE, Bethany Care Centre
ATHABASCA, Extendicare
BARRHEAD, Barrhead
BLAIRMORE, Crowsnest Pass
BONNYVILLE, Extendicare
BROOKS, Newell Health Centre
CALGARY, Bethany Care Centre
CALGARY, Beverly
CALGARY, Bow-Crest
CALGARY, Bow View
CALGARY, Brentwood
CALGARY, Cedars Villa
CALGARY, Central Park Lodge
CALGARY, Chinook
CALGARY, Extendicare
CALGARY, Forest Grove Care Centre
CALGARY, George Boyack
CALGARY, Glamorgan
CALGARY, Mayfair
CALGARY, Sarcee
CALGARY, Scottish
CALGARY, Southwood
CAMROSE, Bethany
CARDSTON, Grandview
COCHRANE, Bethany Care Centre
CORONATION, Coronation-Paintearth
DIDSBURY, Mountain View Health Care Centre
DRAYTON VALLEY
DRUMHELLER, Regional Health Complex
EDMONTON, Central Park Lodge
EDMONTON, Dickinsfield Extended Care Centre
EDMONTON, Norwood
EDMONTON, Extendicare North
EDMONTON, Extendicare Southgate
EDMONTON, Good Samaritan Mount Pleasant
EDMONTON, Good Samaritan Southgate
EDMONTON, Hardisty
EDMONTON, Jasper Place Central Park Lodge
EDMONTON, Jubilee Lodge
EDMONTON, Millwoods Shepherds Care Centre
EDMONTON, Roger Parker Pavilion
EDMONTON, St. Michael's
EDMONTON, Venta
EDSON, Edson
FAIRVIEW, Fairview
FORT MACLEOD, Extendicare
FORT SASKATCHEWAN, Rivercrest Lodge
GRAND PRAIRIE, Central Park Lodge
GRANDE PRAIRIE, Queen Elizabeth II
HANNA, Palliser
HIGH PRAIRIE, J.B. Wood
HIGH RIVER, High River
HYTHE, Hythe
LACOMBE, Lacombe
LAMONT, Lamont
LEDUC, Extendicare
LEDUC, Salem Manor
LETHBRIDGE, Edith Cavell
LETHBRIDGE, Extendicare
LETHBRIDGE, Southland
LINDEN, Linden
LLOYDMINISTER, Dr. Cooke
MAYERTHORPE, Extendicare
MCLENNAN, Our Lady of the Lake
MEDICINE HAT, Central Park Lodge
MEDICINE HAT, Sunnyside
MIDNAPORE, Father Lacombe
OLDS, Olds Nursing Home
PEACE RIVER, Sutherland
PONOKA, Northcott Lodge
PROVOST, Provost Municipal Health Care Centre
RED DEER, Red Deer
RED DEER, Valley Park Manor
RED DEER, West Park
ST. ALBERT, Youville
ST. PAUL, Extendicare
SHERWOOD PARK, Sherwood Park
SMOKY LAKE, Smoky Lake
STETTLER, Stetler
STONY PLAIN, Good Samaritan
STRATHMORE, Nursing Home
TABER, Nursing Home
TOFIELD, Health Centre
TROCHU, St. Mary's
TWO HILLS, Health Care Centre
VEGREVILLE, Vegreville
VERMILLION, Alice Keith Centre
VIKING, Extendicare
VULCAN, Extendicare
WESTLOCK, Westlock
WETASKIWIN, Wetaskiwin

SENIOR CITIZENS' LODGES

ANDREW - Andrew Senior Citizens' Lodge
ATHABASCA - Pleasant Valley Lodge
BARRHEAD - Hillcrest Senior Citizens' Lodge
BASHAW - Bashaw Valley Lodge
BASSANO - Playfair Lodge
BERWYN - Autumn Lodge
BLACK DIAMOND - High Country Lodge
BLAIRMORE - York Creek Lodge
BONNYVILLE - Bonny Lodge
BOW ISLAND - Pleasant View Lodge
BOYLE - Wild Rose Villa
BROOKS - Newbrook Lodge
CALGARY - Beaver Dam Lodge #1200
CALGARY - Bow Valley Lodge #100
CALGARY - Bow Valley Lodge #200
CALGARY - Bow Valley Lodge #300
CALGARY - Bow Valley Lodge #1100
CALGARY - Confederation Park #1000
CALGARY - Elbow Valley Lodge #700
CALGARY - Elbow Valley Lodge #800
CALGARY - Jacques Lodge #400
CALGARY - Jacques Lodge #500
CALGARY - Jacques Lodge #600
CALGARY - James Shouldice Lodge #1300
CALGARY - Rundle Lodge #900
CALGARY - Valleyview Lodge #1400
CAMROSE - Stony Creek Lodge
CANMORE - Bow River Lodge
CARDSTON - Chinook Lodge
CASTOR - Paintearth Lodge
CLARESHOLM - Porcupine Hills Lodge
COALDALE - Sunny South Lodge
COCHRANE - Big Hill Lodge
COLD LAKE - Cold Lake Senior Citizens' Lodge
CONSORT - Consort Senior Citizens' Lodge
CROSSFIELD - Rocky View Lodge
DRAYTON VALLEY - Shangri - La Lodge
DRUMHELLER - Sunshine Lodge
ECKVILLE - Eckville Manor House
EDMONTON - Belvedere Lodge
EDMONTON - Bethany Lodge
EDMONTON - Beverly Lodge
EDMONTON - Elmwood Lodge
EDMONTON - Kiwanis Place Lodge
EDMONTON - McCauley Lodge
EDMONTON - McQueen Lodge
EDMONTON - Meadowlark Lodge
EDMONTON - Northway Lodge
EDMONTON - Ottewell Lodge
EDMONTON - Pleasantview Place Lodge
EDMONTON - Queen Alexandra Lodge
EDMONTON - Rosslyn Lodge
EDMONTON - Virginia Park Lodge
EDSON - Parkland Senior Citizens' Lodge
ELK POINT - Heritage Lodge
EVANSBURG - Sunshine Lodge
FALHER - Villa Beausejour
FORESTBURG - Big Knife Comple Lodge
FORT CHIPEWYAN - Ayabashaw House
FORT MACLEOD - Pioneer Lodge
FORT SASKATCHEWAN - Dr. Turner Lodge
GIBBONS - Spruce View Manor
GRANDE PRAIRIE - Heritage Lodge
GRANDE PRAIRIE - Pioneer Lodge
GRANDE PRAIRIE - Wild Rose Manor
HANNA - Hanna Lodge
HIGH PRAIRIE - Pleasant View Lodge
HIGH RIVER - Medicine Tree Lodge
HINES CREEK - Homesteader Lodge
HOLDEN - Holden Lodge
HYTHE - Hythe Pioneer Home
INNISFAIL - Autumn Glen Lodge
LAC LA BICHE - Lacalta Lodge
LACOMBE - Lacombe Lodge
LAMONT - Beaverhill Pioneer Lodge
LEDUC - Planeview Lodge
LEGAL - Chateau Sturgeon Lodge
LETHBRIDGE - Alberta Rose Lodge
LETHBRIDGE - Blue Sky Lodge
LETHBRIDGE - Golden Acres Lodge
LETHBRIDGE - Green Acres Lodge
LETHBRIDGE - Heritage Lodge
LLOYDMINSTER - Pioneer Lodge
MAGRATH - Diamond Willow Terrace Lodge
MANNING - Del - Air Lodge
MAYERTHORPE - Pleasant View Lodge
MEDICINE HAT - Cypress View Lodge
MEDICINE HAT - Teeoda Lodge
MEDICINE HAT - Wild Rose Senior Citizens' Lodge
MILK RIVER - Prairie Rose Lodge
MORINVILLE - Heritage Place Lodge
MUNDARE - Father Filas Senior Citizens' Lodge
MYRNAM - Eagle View Lodge
NANTON - Silver Willow Lodge
OLDS - Mountainview Lodge
OYEN - Prairie Home Lodge
PEACE RIVER - Heritage Tower
PICTURE BUTTE - Piyami Lodge

PEACE RIVER - Heritage Tower
PICTURE BUTTE - Piyami Lodge
PINCHER CREEK - Crest View Lodge
PONOKA - Golden Leisure Lodge
PROVOST - Hillcrest Lodge
RAYMOND - Ridgeview Lodge
RED DEER - Pines Lodge
RED DEER - Piper Creek Lodge
REDWATER - Redwater Diamond Spring Lodge
RIMBEY - Parkland Manor
ROCKY MOUNTAIN HOUSE - Westview Lodge
SEDGEWICK - Flagstaff Lodge
SHERWOOD PARK - Sherwood Park Lodge
SMOKY LANE - Bar - V - Nook Manor
SPIRIT RIVER - Pleasant View Lodge
ST. ALBERT - Chateau Mission Court
ST. PAUL - Sunnyside Manor
STETTLER - Heart Haven Home
SUNDRE - Foothills Retreat Lodge
STONY PLAIN - Meridian Lodge
STRATHMORE - Wheatland Lodge
SYLVAN LAKE - Sylvan Lake Lodge
TABER - Clearview Lodge
THORHILD - Thorhild Lodge
THREE HILLS - Golden Hills Lodge
TOFIELD - Tofield Lodge
TWO HILLS - Hillside Senior Citizens' Lodge
VALLEYVIEW - Red Willow Lodge
VEGREVILLE - The Homestead
VERMILLION - Vermillion Valley
VIKING - Vialta Lodge
VILNA - Vilna Lodge
VULCAN - Peter Dawson Lodge
WAINWRIGHT - Battle River Lodge
WARBURG - Clover Leaf Manor
WESTLOCK - Pembina Lodge
WESTLOCK - Smithfield Lodge
WETASKIWIN - Peace Hills Lodge
WILLINGDON - Eagle Hill Manor
WINFIELD - West Pine Lodge

MENTAL HEALTH HOSPITALS

EDMONTON, Alberta Hospital
PONOKA, Alberta Hospital

PSYCHOGERIATRIC CARE CENTRES

CAMROSE, Rosehaven
CLARESHOLM, Claresholm Care Centre
RAYMOND, Raymond Care Centre

APPENDIX IV

GOVERNMENT OF THE PROVINCE OF ALBERTA

HEALTH FACILITIES REVIEW COMMITTEE ACT

Revised Statutes of Alberta 1980, Chapter H-4
as amended to January 9, 1984

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HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "Committee" means the Alberta Health Facilities Review Committee and includes a sub-committee established under section 3;

(b) "hospital" means

(i) an approved hospital under Hospitals Act,

(ii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, except those operated under the administration of the Minister of Social /Services and Community Health or those that receive their current operating funds or part of them from a supply vote that is under the administration of a member of the Executive Council other than the Minister of Hospitals and Medical Care,

(ii.1) a mental health hospital under the Mental Health Act,

(iii) a contract nursing home as defined in the Nursing Homes Act, or

(iv) a home or unit operated under the Senior Citizens Housing Act;

(c) "Minister" means the Minister of Hospitals and Medical Care;

(d) "patient", with reference to a home or unit operated under the Senior Citizens Housing Act, means a person who resides in that home or unit.

RSA 1980 cH-4 s1; 1981 c72 s10

Committee established

2(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Minister.

(2) The members of the Committee may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Minister shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated is one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman is the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

RSA 1980 cH-4; s2 1983 c81 s4

Sub-committees

3(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committee may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more

members of the sub-committee are absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committe, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this section, the Committee may also perform any duty or function or exercise any power that it prescribed the sub-committee to perform or exercise.

RSA 1980 cH-4 s3

Remuneration and expenses

4 The Minister

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

RSA 1980 cH-4 s4; 1983 c81 s4

Staff

5(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

RSA 1980 cH-4 s5

Meetings

6 The Committee may, with the approval of the Minister, make rules governing the calling of its meetings , the quorum required at its meetings, the procedure at its meetings, and any other matter relating to the conduct of its business and affairs.

RSA 1980 cH-4 s6; 1983 c81 s4

Visiting hospital

7(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister specifies in his request.

RSA 1980 cH-4 s7

Investigation of hospital

8 If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and treatment and the standards of accommodation received by that patient or any other patient in the hospital.

RSA 1980 cH-4 s8

Entry of hospital

9 For the purpose of carrying out a visit or an investigation under this Act the Committee may enter a hospital at any reasonable hour.

Inspection of hospital records

10 (1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient or his guardian gives his consent to those records being inspected.

RSA 1980 cH-4 s10

Exemption

11 Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

RSA 1980 cH-4 s11

Persons acting on behalf of of Committee

12(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

RSA 1980 cH-4 s12

Complaint officer

13(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister.

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Commitee, make investigations into complaints received under section 8 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

RSA 1980 cH-4 s13

Powers of Committee members

14 A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

RSA 1980 cH-4 s14

Court order

15(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 10(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances..

RSA 1980 cH-4 s15

Annual Report

16 (1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

RSA 1980 cH-4 s16

Act binds Crown

17 This Act binds the Crown.

RSA 1980 cH-4 s17